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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re Patent Application of :)
Masafumi KITAKAZE) Group Art Unit: 1614
Serial No.: 09/752,724) Examiner: To Be Assigned
Filed: January 3, 2001)

For: TREATMENT OR PROPHYLAXIS OF ISCHEMIC HEART DISEASE

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

**ATTN: APPLICATION PROCESSING DIVISION'S
CUSTOMER CORRECTION BRANCH**

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Attached is a copy of the Official Filing Receipt received from the U.S. Patent and Trademark Office ("Patent Office") in the above-referenced patent application for which issuance of a Corrected Filing Receipt is respectfully requested. The error on the Official Filing Receipt is highlighted on the attached copy and the correct information is indicated in red ink.

Under Title, please replace pophylaxis with "prophylaxis".

The correction is not due to any error by applicant, therefore no fee is due. In the event any fees are due in connection with this Request, please charge such fees to the undersigned's Deposit Account No. 50-0206.

It is requested that a Corrected Filing Receipt be issued and forwarded to the undersigned attorney of record.

Respectfully submitted,

Dated:

April 24, 2001

By:

David H. Milligan

Robert M. Schulman, Reg. No. 31,196

David H. Milligan, Reg. No. 42,893

HUNTON & WILLIAMS
1900 K Street, N.W.
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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
WWW.USPTO.GOV

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/752,724	01/03/2001	1614	980	58777.000003	3	10	1



Hunton & Williams
1900 K Street NW
Washington, DC 20006-1109

FILING RECEIPT



OC000000005901894

Date Mailed: 03/26/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Masafumi Kitakaze, Residence Not Provided;

Continuing Data as Claimed by Applicant

Foreign Applications

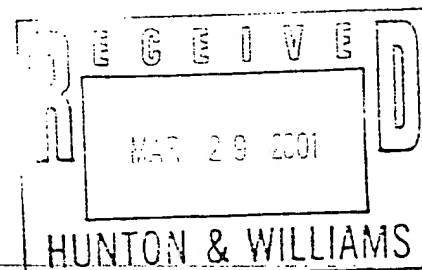
If Required, Foreign Filing License Granted 03/24/2001

Title

Treatment or prophylaxis of ischemic heart disease

Preliminary Class

514



Data entry by : ARMSTEAD, LORRAINE

Team : OIPE

Date: 03/26/2001





Attorney Docket No. 58777.000003

RECEIVED

APR 25 2001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE TECH CENTER 1600/2900

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Masafumi KITAKAZE) Group Art Unit: 1614
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TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

The following are enclosed for consideration in the above-identified application:

	FEE
<input type="checkbox"/> Response to Notification of Missing Requirements Under 35 U.S.C. 371 ("Notice"), with copy of "Notice"	\$
<input type="checkbox"/> Executed Joint Declaration: <input type="checkbox"/> Original; <input type="checkbox"/> Substitute; Assignment <input type="checkbox"/> ; Assignment Cover Sheet <input type="checkbox"/>	\$
<input type="checkbox"/> Petition Under 37 C.F.R. § 1.47(a)	\$
<input type="checkbox"/> Change of Attorney Address in Application	\$
<input checked="" type="checkbox"/> Preliminary Amendment	\$
<input checked="" type="checkbox"/> Information Disclosure Statement, Form PTO-1449, and 10 references	\$
<input type="checkbox"/> Petition for Extension of Time (of four (4) months)	\$
<input type="checkbox"/> U.S. Basic National Fee	\$
<input type="checkbox"/> English translation of application and Processing fee of \$130.00 for furnishing the English translation later than 20 months from the earliest claimed priority date (37 CFR 1.492 (f)).	\$
<input checked="" type="checkbox"/> Request for Corrected Official Filing Receipt	\$
<input type="checkbox"/> Reply Brief	\$

	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims			**	x \$18.00	\$
Independent Claims			**	x \$80.00	\$
Multiple Dependent Claims (if applicable)				\$ 270.00	\$
TOTAL EXCESS CLAIMS FEE					\$
TOTAL FEES BEING SUBMITTED					\$

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and § 1.17 associated with this communication or credit any overpayment to the deposit account of Hunton & Williams, Deposit Account Number 50-0206.

A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: April 24, 2001

By: David H. Milligan

Robert M. Schulman, Reg. No. 31,196
David H. Milligan, Reg. No. 42,893

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